

Executive Summary

Unresolved health and mental health problems constitute one of the most common obstacles faced by children who have difficulty succeeding in school. The Administration, the Council and civic groups are trying to raise student achievement and well being in the District of Columbia public school system. Decision-makers in health care and in education looking at health-related causes of student failure have expressed the intent to firmly address them. This document formulates a plan for the delivery of health services in the District of Columbia public and public charter schools.

The proposal centers primarily on the coordinated and sustainable provision of health care services performed by nurses, school-based center staff, and other clinicians for the general school population. Although we exclude an analysis of issues specifically related to children with disabilities and those requiring special education, we do discuss medically fragile children to the extent that this population heavily utilizes services available to all students and thus affects service capacity in each school.

In addition to providing a status report, the document proposes strategies and associated timelines to improve current school-based health service arrangements. These are based on extensive consultation with expert and community groups and were developed in collaboration with a variety of community-based stakeholders and government agencies including the District of Columbia Public Schools (DCPS).

The first section contains a brief description of the health services offered in schools. Section II lists a variety of concerns that have been raised in the course of our inquiry with respect to current service arrangements. Section III addresses the key topic of program coordination and accountability and discusses options for reform of nursing services and school health centers in light of the experience of other jurisdictions. In section IV we propose specific strategies applicable to the District and estimate timelines for their implementation. In the last section, we address specific questions the joint

Committees posed to the Department of Health during the last hearing on school health conducted on October 26, 2005. The appendices contain more detailed information about a variety of topics discussed throughout the text. They include surveys and reports produced by Children's National Medical Center (the primary contractor administering the school nursing program), DCPS, and DOH on health suite facility conditions, cost estimates of alternative nursing staffing models, health education curriculum, school information technology (IT) programs and other key elements of this plan.

The following are central tasks in the plan:

- Establish a governance structure for school-based services *at the program level* that both consolidates oversight under the operational lead of a single agency and is open and transparent to the public. Identifying one agency as the lead in day-to-day management of health care services will increase accountability and facilitate conditions *at the service level* for system-wide continuity of care, integration of mental and physical health care, and other synergies (e.g., enhancing Medicaid and other third-party reimbursement for school-based services.)
- Explore and implement an alternative nursing service staffing model that 1) increases the flexibility of the nursing program to adjust to individual school enrollment and medical need; 2) achieves progress towards the goal of providing full time nursing coverage in all public and public charter schools; and 3) is financially sustainable.
- Conduct a “top to bottom”, independent evaluation of the nursing program. The evaluation should specifically explore Medicaid rules for reimbursement of potentially covered services nurses currently provide.
- Select viable financial and operational models of school-based and/or school-linked health centers for the District. Establish a formal approval process for new health centers, based on geographic population need. Forge working relationships between MCOs and school health centers to coordinate school health center reimbursement and service delivery.
- Set facility, staffing and other standards for all school-based health services

- Develop an improvement plan for all health service facilities. In particular, enhance IT infrastructure in all schools for reliable data collection, evaluation, creation of an online health record registry, and appropriate health information sharing among practitioners.

Some proposed measures are generally supported operational improvements that do not require legislation or substantial additional resources for implementation and could be implemented promptly after plan submission. Execution of other tasks, however, will depend on the contribution of numerous parties. As we proceed with implementation, the ability to have properly competed contracts approved by the procurement authorities, to secure funding from public or private sources or, if necessary, to pass legislation and issue regulations – to name just a few challenges – will depend on the efforts of DOH working in collaboration with other agencies and organizations. We trust that citizens in general and those especially interested in school health will find this document useful in guiding a city-wide conversation to make sure that a coordinated school service is implemented in the District in a timely manner. Accordingly, DOH intends to continue to seek opportunities to obtain public comments and refine aspects of this proposal – including the reasonableness of its ambitious timeline.

We look to the Council to help support and guide this effort. We plan to regularly consult with the Council and, specifically, to keep the Committee on Health and the Committee on Education, Libraries and Recreations abreast of our progress and findings. We will also seek legislative and funding assistance as needed for implementation of the various measures. For instance, depending on further study of the present regulatory regime, legislation may be required to set facility and staffing standards, clinical integration protocols, and funding mechanisms for school health centers. Statutory rules may also be needed to establish the key process of individual facility approval. Except for a preliminary estimate of individual school health center staffing cost, we have not estimated the funding required to expand school-based or school-linked health center capacity since the size and type of any expansion is contingent upon completion of other

plan steps (e.g., determination of preferred school health center models, assessment of need, etc.).

On the other hand, with respect to nursing services, our preliminary inquiry indicates that a more flexible staffing model – where licensed practical nurses extend services operating under the supervision registered nurses—could be implemented in a manner consistent with current statute. The additional cost of an expansion to provide full time nursing coverage in public and public charter schools based on alternative staffing models discussed in this report ranges from \$ 4 million to \$7 million and would require budgetary approval by the Council.

We also plan to seek support from foundations, other private funding, and perhaps multilateral organizations to support infrastructure development (as opposed to direct services) in light of this plan. Based on the experience of other jurisdictions, we trust that funds will be forthcoming for items such as the comprehensive evaluation of the nursing program or implementation of new IT applications and health record registry.

The steps proposed here span the first year of the plan during which time we would implement decisions agreed-upon by most stakeholders, and find consensus on issues outstanding. Ultimately, the plan will be fruitful if it leads to implementing a unified policy making process with accountability for school health services. The accountable agency must have the capacity to set standards, effectively oversee programs, and evaluate student health outcomes. Critically, the governance system must be open and transparent and should utilize public input to improve school health service performance over time.